

BOOK REVIEWS

CHILD PSYCHIATRY. 3rd ed. By *Leo Kanner, M.D.* (Springfield: Charles C Thomas, 1958. \$9.50.)

It would usually be quite unnecessary to review the Bible. Kanner's *Child Psychiatry*, however, is the kind of Bible in its field which concerns itself not only with the past, but also keeps current with changes and new trends. The recently issued third edition is even more complete and if possible, more authoritative and dynamically oriented than its predecessors. It would seem to have quite adequately achieved the author's avowed desire in this edition to provide a perspective on the problems of children.

The current edition is divided into 4 parts—history of child psychiatry, basic orientation, clinical considerations and phenomenology. The last part has 3 sections—personality problems arising from physical illness, psychosomatic problems and problems of behavior. A particularly valuable aspect of the book's treatment of these facets of work with the mental and emotional problems of children is the presentation of the viewpoints of the sounder schools' thought in these matters. This adds to the comprehensive nature of the book, giving it an encyclopedic quality and increasing its value as a reference volume.

An interesting added perspective on the movement in child psychiatry is available by comparing the first edition with the third. Twenty-three years and nine printings later it is noteworthy that the investigative emphases are increasingly placed on the earlier years of life and on therapy. At the same time there is the sobering realization that in all these years almost nothing has been added to the area of prevention.

One might wish that in a future edition there could be included a fuller review of the more recent additions and modifications in the instinct theory. Also, it would be helpful if the material on the technique of therapy could be pulled together more comprehensively instead of being spread out in different sections of the volume.

As usual, this edition, like its predecessors, is replete with pithy and witty Kannerisms. Such concepts as "noodle soup psychiatry," the classification of physicians' attitudes and the abundant anecdotal material make this not only an informative but also a readable source book. Its easy, down-to-earth and uncompli-

cated style make its information available outside the psychiatric field to all those in the other helping professions whose work deals with children.

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A PHYSICIAN LOOKS AT PSYCHIATRY. By *Jacques M. May, M.D.* (New York: The John Day Company, 1958, pp. 189. \$3.50.)

From a survey of the APA directory, Dr. May concludes that two-thirds of our members "are concerned only with cases whose disturbance is mild enough for office visits and whose bank accounts are large enough to afford them". He seems to think that American psychiatry is a captive of psychoanalysis. Thus, he writes that, "the student, if he wants to get any place in psychiatry, has to undergo long and costly psychoanalytic training". Most physicians, he feels, can deal professionally with their colleagues on the basis of equality. When dealing with a psychiatrist, the physician-patient "is made to feel like a layman". He resents the fact that some psychotherapists refuse to give professional courtesy (financial) to other physicians.

His major indictment is that psychiatry is not a branch of medicine at all. He asserts that psychiatrists ignore physiologic or biochemical factors in favor of metaphysical, social or cultural ones. He believes that love, hatred, hurt pride and laughter are all explained in terms of tissue pathology, hormonal imbalance, muscle reaction and the like. He fears that deep analysis will "cast a beam of light into depths" that had best remain dark because the emotions that are buried are those that would make survival difficult. He deplores the fact that the American Board of Psychiatry and Neurology does not require the applicant to show proficiency in genetics or biochemistry.

He arraigns the psychiatrist for "enjoying the patient's subservience" to him, and finds something morbid in an affective psychiatrist-patient relationship. In such a relationship, says Dr. May, "the patient surrenders his judgment, his time, and a considerable proportion of his income". He scolds this *Journal* because, he estimates, some "60 to 80% of its papers deal with problems that by-pass the